

## OXYGENATE BLENDER REGISTRATION FORM

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Physical Location of Principal Executive Office

\_\_\_\_\_  
Physical Location of Principal Business Office in California

\_\_\_\_\_  
Location of Physical Records

**Position of Applicant:** (check one)

Proprietor/Owner ☐

Corporate Officer ☐

Partner ☐

**Legal Structure of Business:** (check one)

Sole Proprietorship ☐

Corporation ☐

Partnership ☐

**Type of Business:** (check all that apply)

Hauler ☐

Broker ☐

Blender ☐

Refiner ☐

Wholesaler ☐

Retailer ☐

\_\_\_\_\_  
Board of Equalization Number

\_\_\_\_\_  
Corporation Number

I declare that I have examined this statement and to the best of my knowledge and belief,  
it is true, correct, and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please forward completed registration forms to:

Enforcement Division  
Air Resources Board  
P.O. Box 2815  
Sacramento, CA 95812